

State of California
DIVISION OF WORKERS' COMPENSATION MEDICAL UNIT

REQUEST FOR QME PANEL UNDER LABOR CODE §4062.2
REPRESENTED

(Please Complete Form/Type or Print)

Request Date: _____

The Party Making the Panel Request (*Check one*)

- ☐ Applicant's attorney (or injured employee)
☐ Defense attorney (or employer/claims adjuster)

Please specify the reason for your request for a medical/legal examination by a QME.

(See instruction sheet attached regarding use of this form.)

(*Check one*)

- ☐ § 4060 (causation exam)
☐ § 4061 (permanent disability dispute)
☐ § 4062 (medical treatment)
☐ Check here if claim was denied

EMPLOYEE INFORMATION

Date of injury: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Day time phone No.: (____) _____

If currently residing out of state, city and zip code at the time of injury: _____

Attorney/Representative: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

EMPLOYER/INSURER or CLAIMS ADMINSTRATOR INFORMATION

Employer Name: _____

W.C. Insurer/TPA: _____ Claim No.: _____

Address: _____ City: _____ State: _____ Zip: _____

Claims Adjuster (*if known*): _____ Phone: (____) _____

Attorney/Representative: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

MEDICAL SPECIALITY REQUESTED

Please list ONLY ONE (insert three letter code from the list on the reverse side of form)

Specialty Requested: _____ Signature of Requestor: _____

Requestor name (*print*): _____

Treating Physician Specialty: _____ Specialty Preferred by other party (if known): _____

(NOTE: YOU MUST ATTACH A COPY OF YOUR WRITTEN PROPOSAL NAMING ONE OR MORE AMEs)

Send the completed form and copy of your written AME proposal to:

Division of Workers' Compensation – Medical Unit

P.O. Box 71010, Oakland, CA 94612

(510) 286-3700 or (800) 794-6900

For Use with the QME Panel Request Form 106

MD/DO SPECIALTY CODES

| | |
|-----|--|
| MAI | Allergy and Immunology |
| MDE | Dermatology |
| MEM | Emergency Medicine |
| MTT | Emergency Medicine - Toxicology |
| MFP | Family Practice |
| MPM | General Preventive Medicine |
| MHH | Hand – Orthopaedic Surgery |
| MMM | Internal Medicine |
| MMV | Internal Medicine - Cardiovascular Disease |
| MME | Internal Medicine – Endocrinology Diabetes and Metabolism |
| MMG | Internal Medicine - Gastroenterology |
| MMH | Internal Medicine - Hematology |
| MMI | Internal Medicine - Infectious Disease |
| MMN | Internal Medicine - Nephrology |
| MMP | Internal Medicine - Pulmonary Disease |
| MMR | Internal Medicine - Rheumatology |
| MNB | Spine – Orthopaedic Surgery and Neurological Surgery |
| MPN | Neurology |
| MNS | Neurological Surgery |
| MOG | Obstetrics and Gynecology |
| MPO | Occupational Medicine |
| MMO | Orthopaedic Surgery – Oncology, Internal Medicine – Oncology, Radiology - Oncology |
| MOP | Ophthalmology |
| MOS | Orthopaedic Surgery |
| MTO | Otolaryngology |
| MPA | Pain Medicine |
| MHA | Pathology |
| MEP | Pediatrics |
| MPR | Physical Medicine & Rehabilitation |
| MPS | Plastic Surgery |
| MPD | Psychiatry |
| MSY | Surgery |
| MHH | Surgery - Hand |
| MSG | Surgery - General Vascular |
| MTS | Thoracic Surgery |
| MUU | Urology |

NON-MD/DO SPECIALTY CODES

| | |
|-----|---------------------------------------|
| ACA | Acupuncture |
| DCH | Chiropractic |
| DEN | Dentistry |
| OPT | Optometry |
| POD | Podiatry |
| PSY | Psychology |
| PSN | Psychology - Clinical Neuropsychology |

STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS

DIVISION OF WORKERS' COMPENSATION – MEDICAL UNIT

MAILING ADDRESS:

P. O. Box 71010

Oakland, CA 94612

(510) 286-3700 or (800) 794-6900

HOW TO REQUEST A QUALIFIED MEDICAL EVALUATOR
IN A REPRESENTED CASE
(Attachment to Form 106)

To request a panel of three QMEs for a represented case, please complete QME Form 106, attached to these instructions. When you have completed the form, return it to the Division of Workers' Compensation-Medical Unit (DWC-MU) with a copy of your written proposal naming one or more physicians to be Agreed Medical Evaluators attached. You must send a copy of your completed form to the other party.

If represented parties have been unable to agree on an Agreed Medical Evaluator within the time limits specified in the Labor Code, a medical evaluator must be selected from the names provided on the QME panel letter. The DWC-MU uses a random selection program to assign three QMEs to the panel. If there are too few QMEs of the specialty requested in the geographic area of the injured worker's residence, the system will pick QMEs from other geographic areas and the employer is responsible for paying for necessary travel costs incurred. The non-requesting party will receive a copy of the panel letter when it is issued. If the Medical Unit does not issue a panel within thirty (30) working days of receiving the request for a QME panel, either party may seek an order from a Workers' Compensation Administrative Law Judge that a QME panel be issued.

Selecting the reason for your request for a QME panel:

§ 4060 applies if the claim is "on delay" or if the employer/insurer disputes that the injury is compensable. If the employer/insurer has accepted any body part as compensable for this date of injury, this reason may not apply. The claim form must have been filed with the employer. (Labor Code § 4060(c)). Either party in a represented case may request a QME panel to resolve the issue of compensability under § 4060. (Labor Code § 4062.2(b)).

§ 4061 applies if permanent disability is in dispute. The dispute may be about the amount or percentage of permanent disability or whether there is any permanent disability. Either party may request the QME panel.

§ 4062 applies if medical treatment is in dispute. The dispute may be over whether any treatment is needed, whether further treatment is needed, the form or type of treatment or the frequency of treatment recommended by the treating physician. Either party may request the panel.

Selecting the medical specialty:

Enter the 3 letter code from the reverse side of QME Form 106 for the medical specialty you select on the front of the form. If known, also state the medical specialty of the treating physician and the specialty preferred by the opposing party.

Insufficient information or incomplete form:

- If the panel request form is not fully completed then it will be returned to you.
- If we do not have sufficient QMEs in the medical specialty you chose, then the request will be returned to you asking that you pick a different medical specialty.

Over...

- If a QME panel was previously issued for this injured worker, the new panel request will be returned by the Medical Unit with a request that you provide us with more information about the status of the claim for which the earlier QME panel was issued.

The AME or QME selection process in represented cases:

After the panel is issued, represented parties have ten (10) days to communicate and to agree on one QME from the list to serve as an Agreed Medical Evaluator. If the parties have not agreed on an AME by the 10th day after assignment of the panel, each party may then strike one name from the panel. The remaining QME shall serve as the medical evaluator. If a represented party fails to exercise the right to strike a name from the panel within three working days of gaining the right to do so, the other party may select any QME who remains on the panel to serve as the medical evaluator. (Labor Code §4062.2(c)).

Scheduling the evaluation appointment:

The represented employee is responsible for arranging the appointment for the examination. Upon his or her failure to inform the employer/insurer of the appointment within 10 days after the medical evaluator has been selected, the employer/insurer may arrange the appointment and notify the employee of the arrangements.

How long will it take to have the examination and to get the QME's report?

The QME must be able to schedule the exam within 60 days of the call for an appointment. If the QME cannot, you are entitled to a replacement. You also are entitled to an evaluation report within 30 days of the commencement of the exam by a panel-selected AME or QME. At times, an AME or QME may request the Medical Unit to extend the deadline for completing the report because the evaluator has not received test results or a consulting physician's report or for legal 'good cause'. The evaluator must notify the DWC-Medical Unit and you of the request for approval of an extension of time to complete the report. You will be notified of the Medical Unit's decision. If the physician you choose cannot complete the report within 30 days or the extension of time approved by the Medical Director, you have a choice. The parties may both agree in writing (on QME form 113 or 116) to wait until the physician can complete the report, or either party may request a replacement panel of physicians. If this occurs, you must go through the selection process again.

Obtaining a QME in a different specialty:

Under the circumstances listed in section 31.5(b) of Title 8 of the California Code of Regulations, parties in a represented case may obtain an additional QME panel in a different specialty. All requests for an additional QME panel in a different specialty must be written with supporting information or documentation showing how one of the conditions in section 31.5(b) are being met.

Other questions?

If you have any questions about the QME process, please call the DWC-MU at 1-800-794-6900. Other questions about the workers' compensation claim and dispute resolution process should be directed to an Information and Assistance officer at the Division of Workers' Compensation office listed in your phone book, or look on our website at <http://www.dir.ca.gov/dwc>.